

Monthly Activities Report Guidelines

Essential School Health Services Programs (ESHS & ESHSC)

2006-2007

- **Computerized record-keeping:** A *computerized* system must be used for health records.
- **Data submission process:** Data must be submitted *electronically* each month. A paper version of the form is provided for reference only.
- **Data submission deadlines:** Each of the 10 Monthly reports (September – June) is due by the 15th of the following month
- **ESHS, Nonpublic, and Recipient district requirements:**

Type of School System	Monthly Reporting Requirements
Districts awarded ESHS or ESHSC grants from MDPH	Required.
Nonpublic/charter schools participating in ESHS through districts receiving ESHS grants.	Required.
“Recipient districts” (i.e., districts affiliated with grant recipients in the ESHS-Consultation program)	Strongly recommended.

* If submitting data for nonpublic schools or recipient districts, do NOT simply “add” their data to the sponsoring school district’s data, because this will invalidate calculations of rates and other statistics. Include their data separately (follow the instructions provided with the electronic form).

Instructions for Entering Data

- Do not leave any items blank, except the following:
 - “Other”: Optional items that ask you to fill in “Other” responses may be left blank.
 - “Don’t Know”: Delete the “0” and leave the item blank.
- Enter “0” for responses that have a value of zero (do not leave it blank).

Definitions and Examples

HEALTH SERVICES ACTIVITY

Question #3: Office Visit Types

This is a major change! There are seven types of encounters for students and staff. These are unduplicated (one encounter type per visit) face to face contacts with a student or staff person in which the school nurse provides treatment, counseling, or aid of any kind (in any location). It is assumed that every encounter will include nursing assessment and health education. Please use your best professional judgment to categorize each encounter according to the primary presenting issue. Note there are no secondary encounters, only primary.

► Do NOT count health screenings - these are captured in the end of the year Results and Measures Report.

► Do not count activities such as phone calls, documentation, data entry etc that do not involve a face to face encounter with a student or staff member (recorded under Nursing Case Management, #9-14).

*Note: phone calls **not** associated with a face-to-face encounter may be counted.*

- **Injury/First Aid:** This would include encounters for first aid type of injuries such as head injuries on the playground/gym, abrasions, contusions, lacerations, burns, head injuries, lost

tooth, nosebleeds, sprains, Include previous injuries (sprains etc occurring the evening before or over the weekend and presented to the school nurse for assessment/opinion/recommendation for further action by LMD) as well as injuries occurring on the way to school or during school hours.

- **Illness Assessment:** An evaluation of an acute health condition and a subsequent plan of action. This category focuses exclusively on assessment, triage, and/or reassessment related to student illness. This includes encounters for acute illness such as cold, fever, sore throat, abdominal pain, and chronic health condition such as asthma, diabetes, etc. Examples of *Triage* include phone calls to parents to recommend action on behalf of a sick child, a referral to a primary care provider, or a decision to return the student to the classroom.
- **Mental/Behavioral Health:** Presenting issues related to anxiety, depression, behavior modification, time out, stress management, self-injury encounters, de-escalation, physical restraint. Verbal consultation intended to help an individual adjust to his/her surroundings or improve interpersonal skills in an effort to minimize cognitive, emotional, and behavioral problems. Include both *scheduled* and *unscheduled* counseling sessions.
- **Individual Health Education:** Encounters specific for health instruction such as asthma instruction, medication instruction, menstruation, nutritional instruction/follow-up, tobacco cessation intervention, explanation of a disease process, etc.
- **Other:** All other encounters such as zipper repair, dog feces removal from shoes, change soiled clothing, bathroom use, chapped lips, sanitary needs.
- **Scheduled Medications:** Encounters for daily or more frequent medication administration unrelated to a disease process at the time of the encounter. These would not include visits for PRN administrations as PRN medication administration would be a result of an assessment for a specific illness, injury mental health crisis etc. If a student arrives with a complaint, and the nurse provides an assessment before deciding to administer a medication, the Primary Issue would be counted as an "Illness Assessment."
- **Scheduled Procedures:** Encounters for daily or more frequent procedures performed in the health office such as (glucose check, catheterization, tube feeding and other scheduled visits for procedures listed in the table for item #8 Procedures.

Question #4: Incident Reports Involving an Injury

These are serious injuries resulting in the creation of a formal incident/injury report which is maintained in the nurse's office or submitted to the building principal for further administrative or insurance action. Select intentionality of the injury when possible; if unsure, select unknown. Examples: Injury on wet floor, fight resulting in injury, fingers jammed in fire door, injury on playground equipment.

Question #5: Emergency Referrals

911/Ambulance transports calls and other referrals to emergency services (including transport by car to ER by parent/staff)

Question #6: Disposition After Nursing Assessment (all encounter types)

Every office visit encounter results in only one disposition. Please refer to specific instructions on Activities Report Form.

Question #7: Medication Management

The number of prescriptions kept on file as well as doses of medication administered in each of the ten categories listed. This category has been redesigned considerably to include a separate table for students to record **prescriptions** and **doses administered**, while the staff table records **doses administered** only. Categorization should be based on usage (e.g., Clonidine can be used for control of seizures or management of hypertension). Consider the following agreed upon definitions.

- Scheduled prescriptions/medications are those that are ordered to be given on a routine basis (qd, bid, q4h, etc.)
 - PRN prescriptions/medications are those that are on hand for an individual student (e.g. Tylenol, Albuterol, insulin, Glucagon) to be given as needed
 - Doses administered per School Protocol are medication doses administered by school protocol consistent with the Board of Registration in Nursing's requirements and signed by the school physician.
- **Prescriptions:** The number of medication prescriptions kept on file that month. These are either scheduled or PRN.
 - **Doses:** The total number of medication doses actually administered by nurses (or administered by supervised self-administration) that month, including scheduled administration, PRN administration and doses administered by school protocol. Please note the doses are totaled, but the total is not re-entered on the first page as done in previous years.

Analgesics

Only include analgesics (pain relievers) not available over-the-counter.

Antibiotic medications

Medications prescribed and administered *p.o.*, parenteral, or topical, for inhibiting the growth of or destroying bacteria and other microorganisms.

Anticonvulsants

Medications prescribed & administered for control of seizures.

Antihistamines

Medications prescribed & administered for treatment of allergic reactions.

Antihypertensives

Medications prescribed and administered for control of blood pressure

Asthma medications

Medications prescribed to control asthma, administered ?po and by nebulizer or inhaler.

Epinephrine

Medication prescribed and administered for life-threatening allergy conditions. Not medications for asthma containing epinephrine.

Insulin

Medication prescribed and administered for maintaining proper blood glucose levels. Insulin doses (bolus) administered by the student via an insulin pump in the presence of the nurse are to be included.

Psychotropic medications

All medications prescribed and administered to affect changes in mental status/ behavior (*regardless of their primary usage in other settings*). There are no sub-categories as in previous years.

Other Prescription/Over the Counter (OTC) Medications

Count prescription medications that do not fall into one of the prescription medication categories above, based upon primary usage. Examples would include glucagon, eye drops, GI medications, antihistamines, Tylenol, Advil, anti-fungals, benadryl, tums, calamine lotion. If your school protocol is written for a particular medication, those doses should be put in the correct column marked "PRN Administered per School Protocol."

Question #8: Nursing Procedures/Treatments and Interventions

These procedures/treatments refer to activities provided for a pre-existing condition which usually, but not always requires a physician order. These procedures have been regrouped by system. The total number of procedures are being requested, not the number of students who have these needs as in previous years. These procedures are an indicator of skilled nursing care, and not activities that are part of one's nursing assessment to determine nursing interventions.

F "Other Procedures"

- Wound care refers to major wound cleansing and care, not skinned knee and application of band aids. Examples of wound care fitting this category would include; delayed wound healing in which the wound is being packed, ulcer care, major injury requiring cleansing and application of butterfly strips or bulky dressing to prevent further bleeding for a severe injury.
- Head Checks for pediculosis are being counted here due to the amount of time that is involved. If it is your practice to do "preventative screenings" count them in the Results and Measures/End of Year Report with the other screenings.
- Administer Immunizations refers to any immunizations or vaccinations administered (Hep, Flu,Td, etc) to students and staff.

G "Other" Use this for all other types of procedures that are not appropriate to the items listed by systems in Items A-E.

NURSING CASE MANAGEMENT

Questions #9-13: the verbiage and intent are unchanged, and described adequately on the form.

Question #14: Number of student meetings attended refers to all meetings you as the school nurse attend regarding any student health (medical/nursing and mental health/behavioral) issue. For example, if you attend one meeting each week where you discuss four high risk students and their health needs, you would place a 16 in this box (4 students X 4 weekly meetings =16). If you attended meetings on 8 different students at 8 different times you would place an 8 in this box.

LINKAGES

Questions #15 – 19: “Referred” indicates an actual appointment or visit has been set up by the school nurse, parent or student over 18 years, with the selected provider or agency (dentist, nurse practitioner, primary care physician of record, new primary care or mental health care provider, including the school counselor) for a specific condition as a result of the encounter. Referral does not mean “follow-up with your physician if you don’t feel better.”

WELLNESS MANAGEMENT

Question #20: Hunger management refers to the number of times a student was provided with nourishment to satiate hunger due to lack of access, for whatever reason. This does not include snacks/beverages for the management of diabetes.

Question #21: Self-explanatory

Question #22: Wellness/Safety topics presented this month: Using the table provided, indicate the topics presented. Include the number of presentations and the number of participants. For example: If you gave a presentation to 20 professional staff on Life Threatening Allergies one day, and then to 5 cafeteria attendants a week later, then gave the presentation to the Parent Teachers Organization and 25 parents attended, the line for Life Threatening Allergies would read 3 presentations, 0 students, 25 staff and 25 community. If a presentation is done by more than one nurse (e.g. Heartsaver AED program with three nurses/instructors for 20 students) only one nurse should record the statistics for the presentation.

Questions #23: Support Groups/Clubs Self-explanatory. Refer to instructions in #22 to determine number of participants,

Question #24: Number of student assessments for suspected substance abuse. Refers to any and all assessments, regardless of outcome, made by the nurse to determine if a student is under the influence of a substance. Do not include tobacco.

Question #25: Program Development: The intent of this question is to track the number and type of building or district-wide meetings attended by the school nurse.

Questions #26 and #27: Self explanatory